

MARK H. BRAFMAN, D.M.D.
382 US Highway 46 West, Suite 3A
Equity Plaza
Budd Lake, N.J. 07828

OFFICE POLICY REGARDING "PAYMENT OF SERVICES"

In order to maintain optimal relationships between staff and patients and to avoid misunderstandings regarding our payment policies, we ask that you read and sign the following.

Payment in full is due at the time of service if you don't have insurance coverage or if we don't participate with your insurance plan.

Please understand that your insurance card is not a guarantee of payment. You are ultimately responsible to the practice for payment on all services regardless of insurance coverage.

All co-pays are due at the time of service. If we participate with your insurance plan we will submit your claim provided that you will be responsible for any amount that becomes patient liability (included but not limited to co-pays, deductibles, co-insurance, and non-covered services under your plan).

IT IS YOUR RESPONSIBILITY TO KNOW THE PROVISIONS OF YOUR INSURANCE PLAN!

IT IS ALSO YOUR RESPONSIBILITY to provide updated and accurate demographic and insurance information at each visit. Failure to do so may result in the bill becoming your responsibility regardless of insurance coverage.

We thank you for your cooperation in this matter.

Your signature below indicates that you have read, understood, and agreed to abide by the above policy.

Date: _____